STATE OF CAL	IFORNIA EXPENSIE (CLAIM T	aveler ID (See <i>In</i> Unit Code	structions	and *Pri	vacy State	ement on R	ever J	se Side	<u>B</u> i		O YES	
STD. 262 (REV. 10/92)						and *Privacy Statement on Reverse Side. STAFF						age	of	Pages
	CLAIMANT'S NAME Fiscal Year 2008TEC1714 SSN OR EMPLOYEE NUMBER*										OP	RTMENT R		
POSITION Director of External Affairs				CB/ID NO.: EXEMPT		Ca	California Volunteers						PCA # 31101 TELEPHONE NUMBER	
RESIDENCE ADDRESS* 1110 K Street, Suite 210									_			916-32	3-4982	
CITY Sacramento		s C	TATE A	ZIP CODE 95818		Sac	Sacramento					STATE CA	ZIP CODE 95814	
(1) MONTH/YEAR (3) May 2009 LOCATION		TION	(4)	(5) MEALS			(6)	(7) (A)	1	SPORTATION (D)			(9)	
(2) DATE TIME	WHERE EXPENSES WERE INCURRED		LODGING	BREAK- FAST	LUNCH	O.T.,L/T, N/C, RELO. OR DINNER	INCIDENT- TALS	COST OF TRANS.	(B) TYPE USEC	CARFARE, TOLLS,	PRIVAT MILES	E CAR USE	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
5/20 1100	Sac/Los Ang	ac/Los Angeles			\$10.00	\$18.00		**4		\$9.00	13	\$7.15		\$44.15
5/21 1900	Los Angeles	os Angeles/Sac					\$6.00	·		\$9.00	13	\$7.15		\$22.15
									,			\$0.00		\$0.00
												\$0.00		\$0.00
								·				\$0.00		\$0.00
						ES ES	E [VE			 	\$0.00		\$0.00
						1118) () () () () () () () () () (\$0.00		\$0.00
						JUL		2009 L				\$0.00		\$0.00
					01	FICE OF P	ANNING &	RESEARCH	1			\$0.00		\$0.00
					-							\$0.00		\$0.00
												\$0.00		\$0.00
												\$0.00		\$0.00
	<u> </u>						,					\$0.00		\$0
(10) SUBT	TOTALS		I I		\$10.00	\$18.00	\$6.00			\$18.00	?	14.3		\$66.30
CX.	xumn code (ac	XCTG USEON	CY)							CLAIM	ΤΩΤΔΙ			\$66.30
										OL/MI				00.00
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Attended Full Commission Meeting.										(13) PRIVATE VEHICLE LICENSE NUMBER				
·										UO DUCS (14) MILEAGE RATE CLAIMED				
														
											AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER			
											\$0.55			
THEREBY CERTIF privately owned veh claimed, and that I I	Y That the above is a truicle was used, and if mil have met the requiremer	ue statement of the to leage rates exceed to to as prescribed by	ravel expenses he minimum ra SAM Sections	incurred by n te, I certify tha 0750, 0751, 0	ne in accordar at the cost of c 0752, 0753, ar	nce with DPA operating the od 0754 perta	rules in the so vehicle was e ining to vehicl	ervice of the Sta qual to or great e safety and se	ate of C er than at belt	California, It the rate usage.				
(15) CLAMANT'S SIGNATURE OF OFFICER APPROVING TRAVE LUCY SIGNATURE OF OFFICER APPROVING TRAVE S. 2 . 0 9 Lucy Signature of Officer APPROVING TRAVE									L AND P	AYMENT	DATE 527	-09		
(17) SPECIAL EXPI	(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)												DATE	